

EMPLOYEE BENEFITS GUIDE

June 1, 2023—
May 31, 2024



Postdoctoral NRL

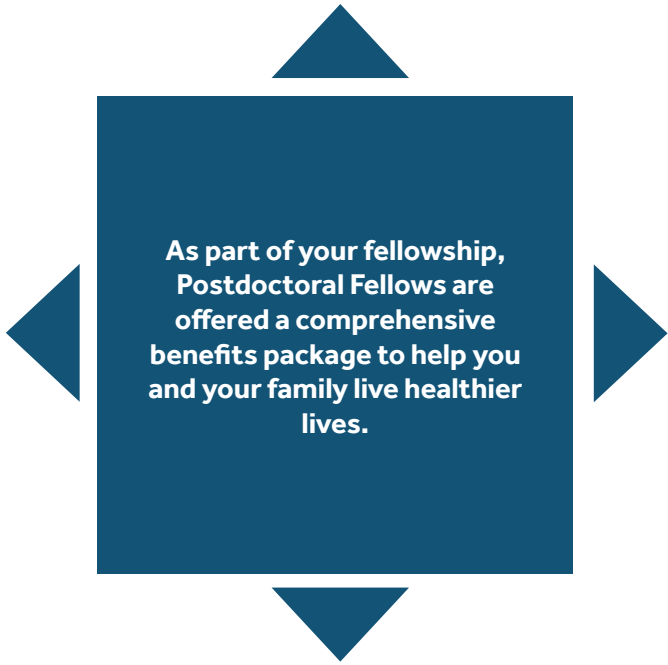


Scan the QR code or visit www.brainshark.com/hilbgroup/ASEEPD
for a detailed presentation on your benefits.



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As part of your fellowship, Postdoctoral Fellows are offered a comprehensive benefits package to help you and your family live healthier lives.



QUESTIONS?

When you have questions about your benefits and eligibility, or you need assistance with claims issue resolution, please contact the Benefits Hotline at PSA Financial at 1-877-716-6618. Client Advocates are available Monday through Friday, from 8:30 a.m. to 5 p.m. ET. Please provide your Member ID and date of birth when submitting an email and/or have that information handy when calling the Benefits Hotline. You may be required to complete a HIPAA Authorization Form.

Benefits Topic	Contact	Phone Number	Email/Website
Benefit questions, eligibility, claims issue resolution	Benefits Hotline at PSA Financial	1-877-716-6618	ASEE@psafinancial.com
Medical and Prescription	Cigna	1-866-494-2111	www.mycigna.com
Dental	Cigna	1-800-244-6224	www.mycigna.com
Vision	VSP	1-800-877-7195	www.vsp.com
Life and AD&D Insurance Long-Term Disability	The Hartford	1-860-547-5000	www.thehartford.com
Assistance Program	ComPsych	1-800-460-4374	www.guidanceresources.com Web ID: EAPEssential
Veterinary Pet Insurance	Fetch	1-866-509-0163	www.fetchpet.com

This communication highlights some of the benefit plans available at American Society for Engineering Education (ASEE). Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the official plan documents will always govern. ASEE reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.



ELIGIBILITY AND ENROLLMENT

Benefits become effective on your date of hire, unless otherwise indicated. Postdoctoral Fellows scheduled for 20 or more hours per week are eligible for the benefits described in this benefit summary.

Eligible Dependents

In addition to enrolling yourself, you may also cover your legal spouse and dependent children up to age 26.

Please note: medical coverage under this plan is not available to the spouse of an eligible Postdoctoral Fellow if the spouse works full-time and is eligible for health coverage through his or her own employer.



Please keep in mind that benefit elections and their related payroll deductions cannot be changed until the next Open Enrollment period unless you, your spouse, or your dependent child(ren) experience a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document. Examples of qualified change-in-status events are changes in legal marital status, number of dependents, employment status, and eligibility.

You must notify your Human Resources Department within 30 days of your qualified change-in-status event in order to make changes to your benefit elections. Documentation will be required.



CONTRIBUTIONS

Based on 12 pays per year for medical, dental, and vision rates

	Medical		Dental		Vision	
	ASEE Share	Fellow Monthly	ASEE Share	Fellow Monthly	ASEE Share	Fellow Monthly
Individual Only	\$589.24	\$196.41	\$35.61	\$11.87	\$4.83	\$1.61
Individual + Child(ren)	\$1,272.74	\$424.25	\$55.21	\$18.40	\$8.31	\$2.77
Individual + Spouse	\$1,367.02	\$455.67	\$71.94	\$23.98	\$8.14	\$2.71
Family	\$1,620.36	\$540.12	\$96.87	\$32.29	\$13.40	\$4.47



MEDICAL AND PRESCRIPTION PLAN HIGHLIGHTS



ASEE offers medical coverage through **Cigna**. When you enroll in the medical plan, you automatically receive prescription drug coverage. Under the Cigna Open Access Plus plan, you are free to see any health care provider you choose. Please keep in mind doctors that are not in the network may not accept Cigna's reimbursement rate as payment in full, and reserve the right to balance bill you.



To search for a participating provider, please visit **www.mycigna.com**. You may register and create your own account; so that you can view your claims history online, track your deductible and out-of-pocket expenses, and order ID cards online. Cigna also has a mobile app!

Plan Features	In-Network	Out-of-Network	
Plan Year Deductible Amount you must pay during the plan year before the plan begins to pay for certain services	\$0 Individual/\$0 Family	\$1,000 Individual/\$3,000 Family	
Plan Year Out-of-Pocket Maximum Maximum amount you pay during the plan year towards covered expenses	\$1,500 Individual/\$4,500 Family	\$3,000 Individual/\$9,000 Family	
Office Visits			
Preventive Services	Covered at 100% no deductible	Covered at 70% after deductible	
Office Visits for Illness	\$25 copay	Covered at 70% after deductible	
Lab Tests and X-ray			
Diagnostic (x-ray, blood work) Imaging (CT/PET scans, MRI)	Covered at 90%	Covered at 70% after deductible	
Urgent Care/Emergency			
Urgent Care Center Services	\$50 copay	Covered at 70% after deductible	
Emergency Room	\$150 copay (waived if admitted)		
Hospital Services <i>prior authorization required</i>			
Inpatient Hospital Stay	\$250 copay, then covered at 90%	\$250 copay, then covered at 70%	
Outpatient Surgery	Covered at 90%	Covered at 70% after deductible	
Prescription Drugs			
Deductible	None		Not covered
Out-of-Pocket Maximum	\$5,100 Individual/\$8,700 Family		
	Retail 30-day supply	Retail 90-day supply	
Formulary Generic	\$15 copay	\$45 copay	\$30 copay
Formulary Brand	\$25 copay	\$75 copay	\$50 copay
Non-Formulary Brand	\$50 copay	\$150 copay	\$100 copay

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important information in a standard format, is available for review. If you are currently enrolled, you will be provided a copy of the SBC for the plan in which you are currently enrolled in connection with Open Enrollment. If you are a new hire and enrolling for the first time, you will be provided a copy of the SBC for the medical plan option with your benefits enrollment materials.



DENTAL PLAN HIGHLIGHTS

Eligible Postdoctoral Fellows are offered a dental plan through **Cigna**.

The plan allows you the flexibility to seek care either in-network or out-of-network. Please note that if you seek care from an out-of-network provider, you are subject to higher out-of-pocket expenses and balance billing by that provider.



To locate a dentist, call **1-800-244-6224** or visit **www.mycigna.com**.



Plan Features	In-Network	Out-of-Network
Calendar Year Annual Deductible <i>Applies to Basic and Major Care</i>	\$50 Individual/\$150 Family	
Calendar Year Maximum	Plan pays \$1,500 per person per calendar year	
Preventive Care Cleanings, oral exams, x-rays, fluoride treatments (under age 19), sealants	Covered at 100% no deductible	Covered at 100%* no deductible
Basic Care Fillings, simple extractions, oral surgery, repair and maintenance of crowns, root canals, general anesthesia	Covered at 80% after deductible	Covered at 80%* after deductible
Major Care Bridges, dentures, inlays/onlays, crowns	Covered at 50% after deductible	Covered at 50%* after deductible
Orthodontia Care Children up to age 19	Covered at 50% no deductible Plan pays up to \$1,000 lifetime maximum	

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Some services may be subject to a waiting period.

*Out-of-network providers and facilities may balance bill you for any charges in excess of the amount paid by the plan.

Reminder about ID cards:

You will receive an ID card from Cigna for your medical plan, which is separate from your dental plan. If you need a dental ID card, you can request a generic ID card from Human Resources or print a temporary card online at www.mycigna.com.



VISION PLAN HIGHLIGHTS

Your vision coverage offers a full range of vision care services provided through the **VSP Choice** network. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form to VSP for reimbursement.

VSP does not issue ID cards.



To locate a participating provider, visit www.vsp.com, and enter your zip code under "Find a Doctor."

Benefit	Description	Copay	
Your Coverage with VSP Doctors and Affiliate Providers (In-Network)			
Exam Every plan year	<ul style="list-style-type: none"> Well Vision Exam: focuses on your eyes and overall wellness Contact Lens Exam: fitting and evaluation 	\$20 exam services; Contact lens exam copay will never exceed \$60	
Prescription Glasses		\$20	
Eyeglass Frames Every plan year	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% off amount over your allowance 	Included in prescription glasses	
Eyeglass Lenses Every plan year	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in prescription glasses	
Eyeglass Lens Options Every plan year	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% off other lens options 	\$55 \$95-\$105 \$150-\$175	
Contact Lenses (instead of glasses) Every plan year	<ul style="list-style-type: none"> Elective contacts: \$130 retail allowance 	No copay	
Extra Savings and Discounts	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> 20% off additional glasses and sunglasses, including lens options from any VSP doctor within 12 months of your last Well Vision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off regular price or 5% off the promotional price; discounts only available from contracted facilities. 		
Your Reimbursement with Other Providers (Out-of-Network)			
Exam.....	up to \$45	Lined Bifocal Lenses up to \$50	Contact lens exam and materials (in lieu of lenses and frame)
Frame	up to \$70	Lined Trifocal Lenses up to \$65	Elective
Single Vision Lenses	up to \$30	Progressive Lenses up to \$50	up to \$105

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.



LIFE AND AD&D INSURANCE

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides additional benefits if you lose your life, sight, hearing, speech, or limbs in an accident.

Basic Life and AD&D

ASEE provides you with basic life insurance in the amount of 150% of your annual pay up to a maximum benefit of \$100,000—at **no cost to you** through **The Hartford**. If you die as a result of an accident, your beneficiary will receive an additional benefit.

The basic life and AD&D benefit is subject to the age reduction schedule as follows:

- At age 70, benefits will reduce to 65% of the original amount

Supplemental Life and AD&D Insurance

You may purchase additional life and AD&D insurance coverage for yourself and your eligible dependents through **The Hartford**.

Please note: You must purchase supplemental coverage for yourself in order to purchase spouse or dependent child supplemental coverage.

Postdoctoral Fellow

You may purchase additional life and AD&D insurance in increments of \$10,000 (minimum election is \$10,000). Coverage may not exceed the lesser of five times your annual pay or \$500,000. Evidence of Insurability will be required if you elect an amount in excess of \$150,000.

Benefits will reduce to 65% of the initial benefit at age 70 and terminate at age 80.

Spouse

If you purchase supplemental life insurance coverage for yourself, you are eligible to purchase additional life insurance for your spouse in increments of \$5,000 (minimum election is \$5,000). Supplemental life insurance for your spouse may not exceed the lesser of 50% of your elected amount or \$250,000. Evidence of Insurability will be required if you elect an amount over \$50,000.

Child(ren)

If you purchase supplemental life insurance for yourself, you are eligible to purchase additional life insurance for your dependent children up to age 26 in increments of \$10,000 (minimum election is \$10,000). Supplemental life insurance for your dependent children may not exceed \$10,000. Evidence of Insurability is not required.

Evidence of Insurability (EOI)

The Hartford requires you to show that you are in good health before they will agree to provide certain levels of coverage. This is called Evidence of Insurability (EOI).

- If you are enrolling for the first time after your initial eligibility period, any amount elected will be subject to EOI.
- EOI is required for any amount over the guaranteed issue amount—\$150,000 for Postdoctoral Fellows, \$50,000 for spouse.

Coverage that requires EOI will not be in effect until you receive approval from The Hartford

Supplemental Life Per Pay Rates per \$1,000 of coverage		
Age	Fellow	Spouse
Under 25	\$0.0291	\$0.0291
25-29	\$0.0438	\$0.0438
30-34	\$0.0586	\$0.0586
35-39	\$0.0586	\$0.0586
40-44	\$0.0734	\$0.0734
45-49	\$0.1463	\$0.1463
50-54	\$0.2488	\$0.2488
55-59	\$0.4537	\$0.4537
60-64	\$0.6882	\$0.6882
65-69	\$1.0689	\$1.0689
70-74	\$1.5955	\$1.5955
75+	\$3.1915	\$3.1915
Child	\$0.061	

Supplemental AD&D Monthly Rates per \$1,000 of coverage
Employee = \$0.0083
Spouse = \$0.0083
Child = \$0.017



LONG-TERM DISABILITY

To protect your income in case you are unable to work due to illness or injury, ASEE provides long-term disability coverage—at **no cost to you** through **The Hartford**.

The long-term disability plan pays a taxable benefit of 66.67% of your monthly pay **up to \$3,000** per month for each month you are unable to work due to a disabling condition. Benefits begin after 90 calendar days of disability and may be offset by income you receive from workers' compensation, Social Security or other disability coverage. Pre-existing condition limitations apply.

Pre-existing condition limitations may apply

A pre-existing condition is a sickness or an injury for which you received medical treatment, advice or consultation, care or services including diagnostic measures, or took prescribed drugs or medications prior to your effective date of coverage. If you suffer from a disability caused by, contributed to, or resulting from a pre-existing condition, your disability may not be covered.



PET INSURANCE

Veterinary Pet Insurance

Postdoctoral Fellows have the opportunity to enroll in voluntary veterinary pet insurance offered through **Fetch**. Fetch offers plans for every pet and every budget to help reduce the cost involved in caring for your pets. Coverage and rates will vary based on the age of the pet, species, size, plan type, deductible, and state of residence. Fetch covers the below:

- All accidents and illnesses.
- All chronic and hereditary conditions.
- Diagnostic testing.
- Non-routine dental treatment.
- MRI, CAT scan, and ultrasound imaging.
- Prescription medications.
- Specialist treatments.
- And more!

Visit www.fetchpet.com for more information.





ASSISTANCE PROGRAM

Our Assistance Program offers you and your immediate family members confidential and professional counseling at **no cost to you** through **ComPsych**. Often a simple telephone consultation with a counselor can help you determine what you need to do next to resolve your problem. Difficulties with relationships and coping with difficult life circumstances, managing grief and loss, communicating, and dealing more effectively with stress are all issues that short-term counseling can address. To speak with a counselor, call **1-800-460-4374**.

- 24-hour access to vital information, tools, and support
- Website programs, including consult articles, podcasts, videos, and other helpful tools
- Legal and financial assistance
- Work-life solutions, confidential emotional support, and financial resources
- Visit **www.guidanceresources.com** (Web ID: EAPEssential)



GLOSSARY OF TERMS

Allowed Benefit

The amount established for payment of covered in-network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for copays, coinsurance, and all charges that exceed the Allowed Benefit for services received out-of-network. This is called balance billing.

Balance Billing

When a provider bills you for the difference between the provider's charge and the carrier's discounted price ("Allowed Benefit"). For example, if the provider's charge is \$100 and the Allowed Benefit is \$70, the provider may bill you for the remaining \$30. An in-network provider may not balance bill for the difference between their charge and the Allowed Benefit.

Coinsurance

The portion of the cost of covered medical services paid by the patient under a health plan, after first meeting any applicable plan deductible. Coinsurance amounts, which are typically a percentage of the cost, may vary by type of service.

Copayment (Copay)

A set dollar amount or portion that you pay for your medical services. Usually, copays start after you first pay any deductible your plan has. Copays may differ by type of service.

Deductible

Amount you must pay during the plan year before the plan begins to pay for covered services, unless otherwise noted.

Out-of-Pocket Maximum

Maximum amount you could pay during the plan year for your share of the covered services, including deductible, copays, and coinsurance.

Guaranteed Issue

The amount of coverage (benefit) the insurance company is willing to provide regardless of your health. Guaranteed Issue only applies if you enroll in the program when you are first eligible for coverage.



REQUIRED FEDERAL NOTICES

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). WHCRA requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those established for medical and surgical benefits under the plan.

Health Insurance Portability and Accountability Act (HIPAA)

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Notice of Privacy Practices is available from the insurance carriers for medical, dental, and vision insurance.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a caesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Special Enrollment Rights

If you are declining enrollment for yourself, or your dependents (including your spouse) because of other health insurance or other group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' coverage). However, you must request enrollment within 30 days after your previous coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this plan, provided that you request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.



HOW TO ENROLL

With our online benefits system, selecting your benefits is fast, easy, and convenient. You may review your benefits and their costs, access summaries for each plan's benefits, find links to provider network websites, and download claim forms. You may also request replacement ID cards or print temporary ID cards online.



To access and utilize our Online Enrollment website please visit <https://secure.amwinsconnecttpa.com/gbsaccess/clientaccess.asp>.

Logging in for the first time

All first time users can create their secured access by clicking on "No Log-on? Register Existing Member" on the Welcome Screen. You will then be asked to authenticate yourself by completing the information requested including your username and password.

Enroll Online Step-by-Step

Step 1: Complete your Profile. Please review your personal information and update if needed. Address changes, phone numbers, and email addresses can be updated on this screen.

Step 2: Designate Beneficiaries. Select the plan(s) for which updated beneficiary information is required. Enter the primary beneficiary name, relationship, percentage of benefit, and effective date. If contingent beneficiaries apply, please enter the same information noted above. When complete, hit "Next" to finalize.

Step 3: Elect Benefits. All benefit options available to you will be shown on the left margin and the election process will then take you through each benefit election screen step-by-step. All company paid benefit plans are automatically elected and appear with a green check mark in the left margin. Complete the enrollment steps below:

- Add dependents to be enrolled in each benefit plan
- Review list of plan options
- Click on the benefit description above any plan option to display a detailed summary of benefits
- Employer cost and Postdoctoral Fellow payroll deductions for each plan option (based on coverage level/dependents included in the plan) are displayed on the benefit election screen
- Elect the plan option for this coverage type OR decline



Our website is designed to provide on-line access to a variety of information such as benefit plan enrollment, eligibility maintenance, billing, payroll (if applicable) and customer service. By utilizing a series of interactive tools, users can better manage their information, by having the ability to access and update information when it is convenient for them - regardless of the day or time.

To access your information, please login below.

Employers:

- If you are a first time user, or if you have forgotten your username or password, [Click here for assistance](#).

Employees:

- If you are a new or current employee, but a first time user you may [click here to create an account now](#).
- If you are a new or current employee and know your username and password, please enter below,

Username:

Password:

[Forgot your password?](#) | [Forgot your User Name?](#) | [No Log-on? Register Existing Member](#).

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